

Maryland State Police
 Licensing Division – Firearms Registration Section
 1111 Reisterstown Road
 Pikesville, Maryland 21208

Initial Regulated Firearms Dealer’s License Application and Affidavit

Instructions

Type or legibly print all required information contained on the front and rear of this form. Ensure that this application is notarized. Submit this form and the following listed items to Firearms Registration Section at the above address: copies of your current Federal firearms License; current Trader’s License if an inventory is maintained; Maryland Sales and Use Tax License; a clear and recognizable photograph; complete set of your fingerprints taken/submitted by an approved electronic fingerprint collection site; and application processing fee of \$50.00 in the form of a check or money order made payable to the Maryland State Police

Maryland Law

Public Safety Article, Title 5, Section 111, Annotated Code of Maryland, states that regulated firearms dealer’s licenses shall expire of the 30th day of June each year. It is unlawful for person to engage in the business of selling, renting, or transferring regulated firearms unless he/she lawfully possesses a current regulated firearms dealer’s license.

Licensee Information

(If the applicant is a corporation, the application must be completed and executed by a corporate officer who is a resident of the State of Maryland.)

Driver ID#: _____ Social Security #: _____

Name Last: _____ First: _____ Middle: _____ Suffix: _____

Street Address: _____ Check if Baltimore City resident

Town/City: _____ County: _____ State: _____ Zip: _____

DOB: _____ Place of Birth: City _____ Country: _____ Height: _____ Weight: _____
 Month Day Year

Race: _____ Sex: _____ Eyes: _____ Hair: _____ Occupation: _____

Phone: Home: _____ Work: _____ Cell: _____ Email: _____

Applicant’s Status (check one): Owner Partner Corporate Office

Name of Current Employer: _____

Employer Street Address: _____

Town/ City: _____ County: _____ State: _____ Zip: _____

Regulated Firearm Business Information

Business Name: _____

Street Address: _____ Check if Baltimore City resident

Town/City: _____ County: _____ State: _____ Zip: _____

Phone: Business: _____ Fax: _____ Email: _____

License Type (check one): Individual License Corporation License
 Sales Activities (check one): Retail Wholesale Both

Type of Business: Dealer Gunsmith Both

List any other business engaged in by the applicant at the same location for which this regulated firearms dealer’s license is desired:

Below For Maryland State Police Use Only

Date form forwarded: _____ Date form received: _____

Current disposition date: _____ Current disposition: _____

Signature of approving official: _____ Comments: _____

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Do you employ one or more persons: **YES** **NO** If yes, you must submit a certificate proving compliance with the State Workmen’s Compensation laws or you may list as evidence of insurance, a workmen’s compensation policy number or binder number.

Policy Number: _____ Binder Number: _____
 Insurance Company: _____ Effective Date: _____ Expiration Date: _____
 Month Day Year Month Day Year

List All Employees:

Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	
Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	
Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	
Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	
Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	
Name:	DOB:	Soc. Sec. #:
Last First (Full Middle Name)	Month Day Year	

If additional space is needed, attach an additional page listing the required information

Certification

I CERTIFY UNDER THE PENALTY OF PERJURY that: I am a citizen of the United States; I am at least 21 years of age; I have never been convicted of a crime of violence; I have never been convicted of any violation classified as a felony in this State; I have never been convicted of any violation classified as a misdemeanor in this State that carries a statutory penalty of more than two years; I have never been convicted of any violation classified as a common law offense where I received a term of imprisonment of more than two years; I have never been convicted of any violation classified as a common law offense regardless of the sentence imposed; I have never been convicted in any court of a misdemeanor crime of domestic violence; I am not a fugitive from justice; I am not under indictment for a crime punishable by imprisonment for a term exceeding one year (“crime punishable by imprisonment for a term exceeding one year does not include any State offense classified by the laws of the State as a misdemeanor and punishable by a term of imprisonment of two years or less”); I have never been discharged from the Armed Forces under dishonorable conditions; I have never renounced United States Citizenship, I am not illegally or unlawfully in the United States; I am not a habitual drunkard; I am not in need of treatment for alcohol abuse; I am not an addict or habitual user of any controlled dangerous substances; I have never spent more than thirty consecutive days in any medical institution for treatment of a mental disorder or disorders, unless there is attached to this application a physician’s certificate, issued within thirty days prior to the date of this application, certifying that the I am capable of possessing a regulated firearm without undue danger to myself, or to others; I have never been adjudicated mentally defective; I have never been committed to a mental institution; I am not a respondent against who a current non ex parte civil protective order has been issued under Family Law Article, Section 4-506, Annotated Code of Maryland; if I am less than 30 years of age at the time of completing this application, I have never been adjudicated delinquent by a juvenile court for committing a crime of violence, any violation classified as a felony in this State, or any violation classified as a misdemeanor in this State that carries a statutory penalty or more than two years. **Any false information supplied or statement made in this application is a crime which may be punished by imprisonment for a period of not more than 3 years, or a fine of not more than \$5,000 or both.**

Applicant’s Signature: _____ Date: _____
 (Name of applicant as listed in the Licensee portion of this application.) Month Day Year

Notary Public Certification

I hereby certify that on this ____ day of _____, _____ before me, the subscriber at Notary Public of the State of Maryland, in and for the County of _____, _____ personally appeared and made oath in due form of law that the answers provided in this application are full, complete, correct, and true to the best of his/her knowledge, information, and belief.
 (Name of applicant as listed in the Licensee portion of this application,)

 Notary Public Signature

My Commission Expires: _____ Address: _____ Affix Official Seal: